

**KENTUCKY BOARD OF INTERPRETERS
FOR THE DEAF AND HARD OF HEARING**

P.O. Box 1360
Frankfort, KY 40602
(502) 782-8803

REINSTATEMENT APPLICATION FOR LICENSED INTERPRETERS

For Office Use Only

KRS 309.314 requires each licensed interpreter to reinstate their license upon termination for non-renewal. All licenses **not** renewed prior to August 31 each year will terminate and the licensee must **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth of Kentucky. The licensee may request reinstatement of the license by completing this form in its entirety and submitting it with the reinstatement fee of \$125.00 in addition to the \$125.00 license renewal fee, check or money order made payable to the **Kentucky State Treasurer. DO NOT SEND CASH.**

PLEASE COMPLETE THE FOLLOWING (Please print or type):

1. Note **changes in name and/or mailing address** if different from above:

2. Present Business Address:

3. Home Phone () _____ Business Phone () _____ Email _____

4. License Number _____ Social Security Number _____

5. Have you been convicted of a felony or misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude since the last renewal of your license?

___ Yes ___ No If yes, what offense and give details:

6. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting?

___ Yes ___ No If yes, what offense and give details: _____

7. Has your License to be a licensed interpreter or any other professional credential in Kentucky or any other state been subject to disciplinary action? _____ Yes _____ No.

If yes, give details:

(Please complete reverse side)

8. Have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held? _____ Yes _____ No

If yes, give details: _____

Please complete the form below INCLUDING COMPLETE DATE AND HOURS OBTAINED.

Incomplete forms will be returned: You **must** attach documentation of continuing education. It is your responsibility to maintain all documentation of attendance). ***Requirements for continuing education are outlined in 201 KAR 39:090. Continuing education*** and should be studied carefully.

Course Name	Dates Attended mm/dd/yr	CEU Hours Earned	Sponsoring Organization	Prior Board Approval Y/N

CERTIFICATION AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board Interpreters for the Deaf and Hard of Hearing.

Date _____ Applicant's Signature _____
(Sign your name - Do not print or type)

Do Not Write Below This Line--For Board and Office Use Only

AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application status: ☐ Approved ☐ Denied ☐ Deferred

Board Member: _____ Date: _____

Resubmitted for review: ☐ Approved ☐ Denied ☐ Deferred

Board Member: _____ Date: _____

Comments: _____